

NOTICE OF INDEPENDENT REVIEW DECISION

August 17, 2002

Re: IRO Case # M2-02-0694-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment is not medically necessary. Therefore, ___ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

This case involves a now 42-year-old female who fell on ___ and subsequently had back and knee pain. Initially, the knee pain was worse than the back pain, and the patient had knee surgery 4/16/01. The back pain and pain in the right lower extremity persisted despite physical therapy and epidural steroid injections. An MRI of the lumbar spine showed severe degenerative disk disease changes, which were greatest at the L4-5 level. There was also a subligamentous disc extrusion at the L4-5 level, and a small disk protrusion was present at the L5-S1 level. Neither of these findings suggested nerve root compromise. Examination of the patient included negative straight leg raising with no deficits in strength, and the only sensation deficit being in the right L4 dermatome. It is significant that the EMG which was tried July 24, 2001 could not be completed because

the patient refused to continue after the initial needle placements.

Requested Service(s)

Lumbar discogram with post CT scan

Decision

I agree with the carrier's decision to deny the requested procedure.

Rationale

Discographic evaluation of a patient who could not even proceed with electro myelographic evaluation because extremely small needles caused intolerable pain would not be rewarding, as the patient's response to injection is extremely important in discography.

In addition, the patient's MRI was done over one year ago, and changes which might relate the patient's symptoms might be present on a fresh study that were not present on the 6/18/01 MRI. Even CT myelographic evaluation might be more rewarding than discography for this patient. No fusion procedure should be based on discography, especially when there is no evidence of instability in other tests.

This medical necessity decision concerning the requested treatment by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,